	SP 0 1 2004 SP 0 1 2004 TRANSMITTAL FORM the used for all correspondence after initial		U.S. Patels are required to respond to a collection Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	nt and Ti on of info 10/005 Decem Keith I 1632	rademark ormation	PTO/SB/21 (02-04) d for use through 07/31/2006. OMB 0651-0031 t Office; U.S. DEPARTMENT OF COMMERCE unless it displays a valid OMB control number.
Tot	al Number of Pages in This Submission		Altomey Docket Number	R-741		
		ENC	LOSURES (Check all tha	t apply)	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Remai	·			After Allowance communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):
Firm	······································		OF APPLICANT, ATTORN	ET, U	K AG	ENI
Cu	Kelly L. Quast, Reg. No. 5	2,141	•			

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Don Mixon Date September 1, 2004

Individual name Signature Date

September 1, 2004

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for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

✓ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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(D)		v	

Complete if Known					
Application Number	10/005,220				
Filing Date	December 4, 2001				
First Named Inventor	Keith D. Allen				
Examiner Name	Peter Paras, Jr.				
Art Unit	1632				
Attorney Docket No.	R-741				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. AE	DITI	ONAL	. FEE	S.	
Deposit Account:	<u>Large E</u>	Large Entity Small Entity			·	
Denosit	Fee Code		Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number	1051	130	2051		Surcharge - late filing fee or oath	
Deposit Account Deltagen, Inc.	1052	50	2052	25	Surcharge - late provisional filing fee or	
Name	1053	130	1053	130	cover sheet Non-English specification	
The Director is authorized to: (check all that apply) Charge fee(s) indicated below. Credit any overpayments	1812		1812		For filing a request for ex parte reexamination	
Charge fee(s) indicated below .	1804	920*	1804	920*	Requesting publication of SIR prior to	
Charge fee(s) indicated below, except for the filing fee	1005		4005	4 0 4 0 4	Examiner action	
to the above-identified deposit account.	1805	1,840*	1805	1,840"	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	210.00
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month .	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal .	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	. 290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)	1452	110	2452	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453	.,	2453	665	Petition to revive - unintentional	
Fee from	1501		2501		Utility issue fee (or reissue)	
Extra Claims below Fee Paid Total Claims .20** = X	1502	480	2502		Design issue fee	
Independent - 3** = X =	1503 1460	640 130	2503 1460		Plant issue fee Petitions to the Commissioner	
Multiple Dependent	1807	50	1807		Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806		Submission of Information Disclosure Stmt	
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)					Recording each patent assignment per	
1202 18 2202 9 Claims in excess of 20	8021	40	8021		property (times number of properties)	
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims			005.		examined (37 CFR 1.129(b))	\vdash
over original patent	1801 1802	770 900	2801 1802	385 900	Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1002	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$)	Other t	fee (sp	ecify) _			
**or number previously paid, if greater; For Reissues, see above	*Redu	ced by	Basic F	Filing F	ee Paid SUBTOTAL (3) (\$) 210.0	00

SUBMITTED BY		(Complete (if applicable))			
Name (Print/Type)	Kelly L. Quast	Registration No. (Attorney/Agent)	52,141	Telephone	650-569-5100
Signature	KellyHuart			Date .	09-01-04

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